CT Money Follows the Person Quarterly Report

Quarter 2, 2016: April 1, 2016 – June 30, 2016

(Based on latest data available at the end of the quarter)

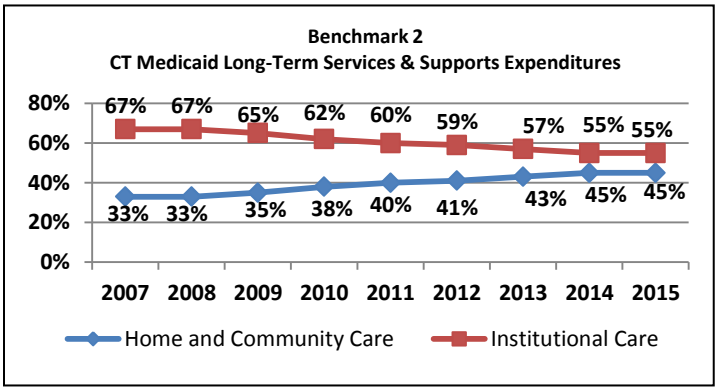
UConn Health, Center on Aging

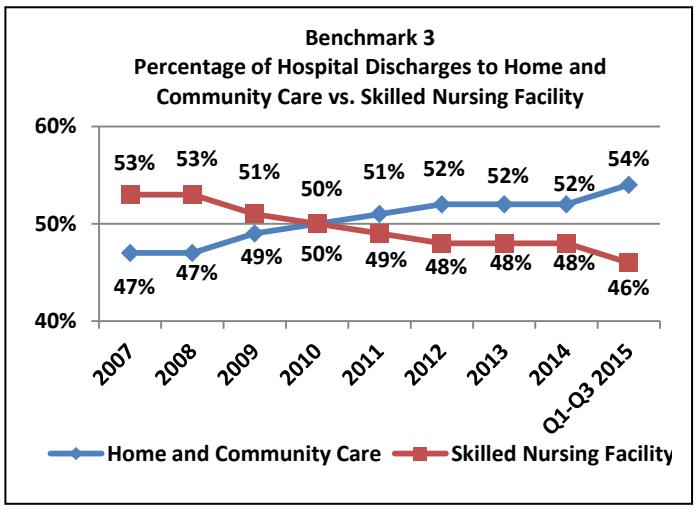
Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

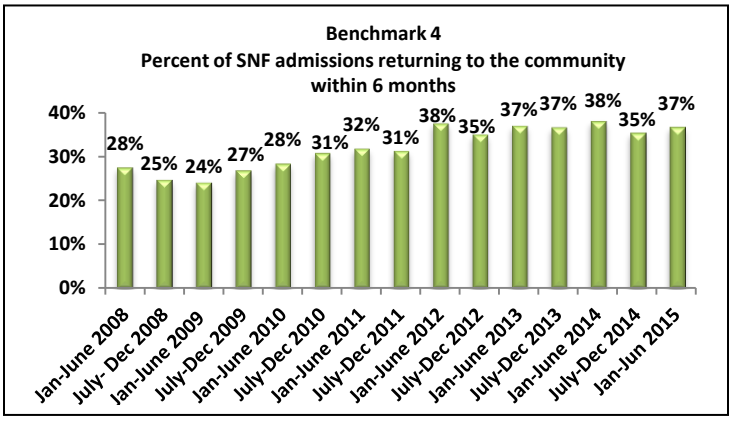
MFP Benchmarks

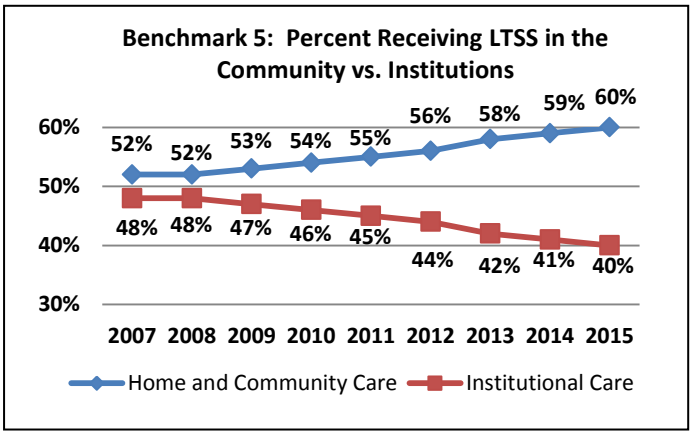
1) Transition 5200 people from qualified institutions to the community
2) Increase dollars to home and community based services
3) Increase hospital discharges to the community rather than to institutions
4) Increase probability of returning to the community during the six months following nursing home admission
5) Increase the percentage of long term care participants living in the community compared to an institution

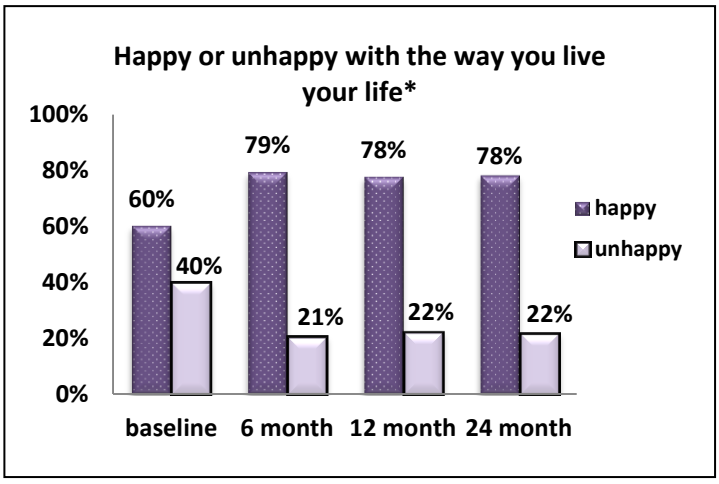
Benchmark 1: The number of demonstration consumers transitioned = 3,543 (non-demonstration transitions = 266)



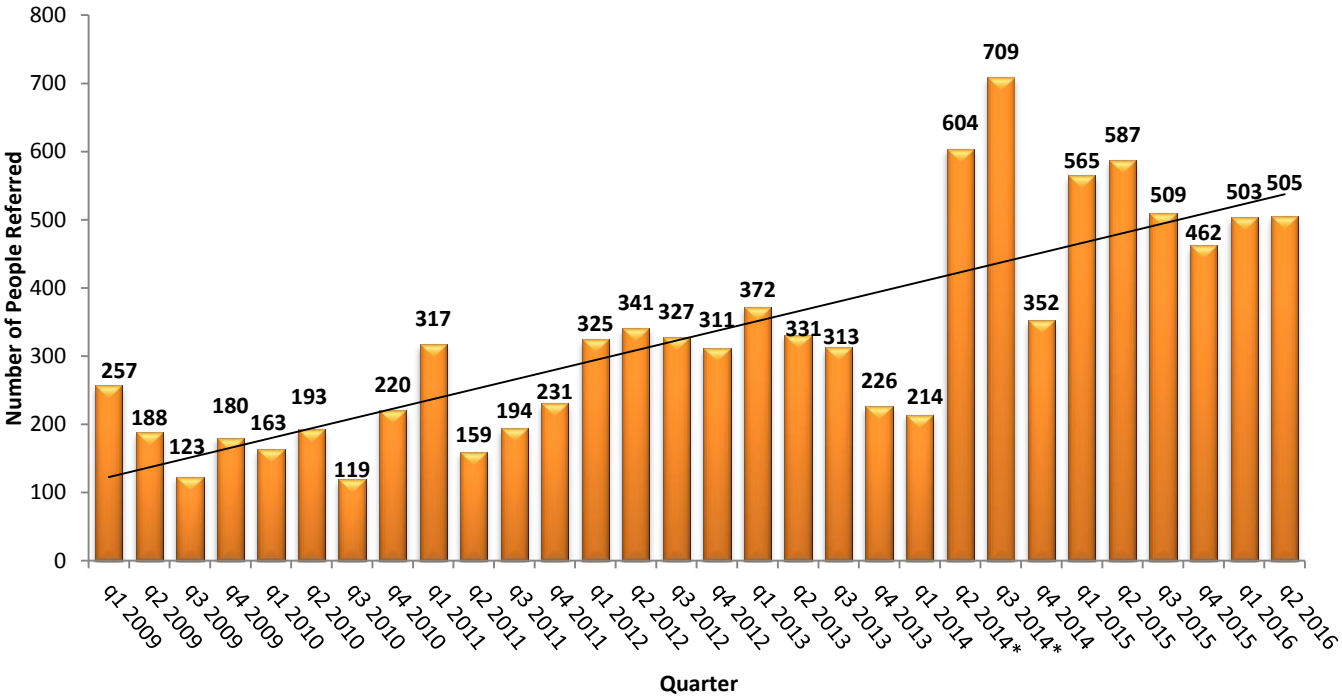






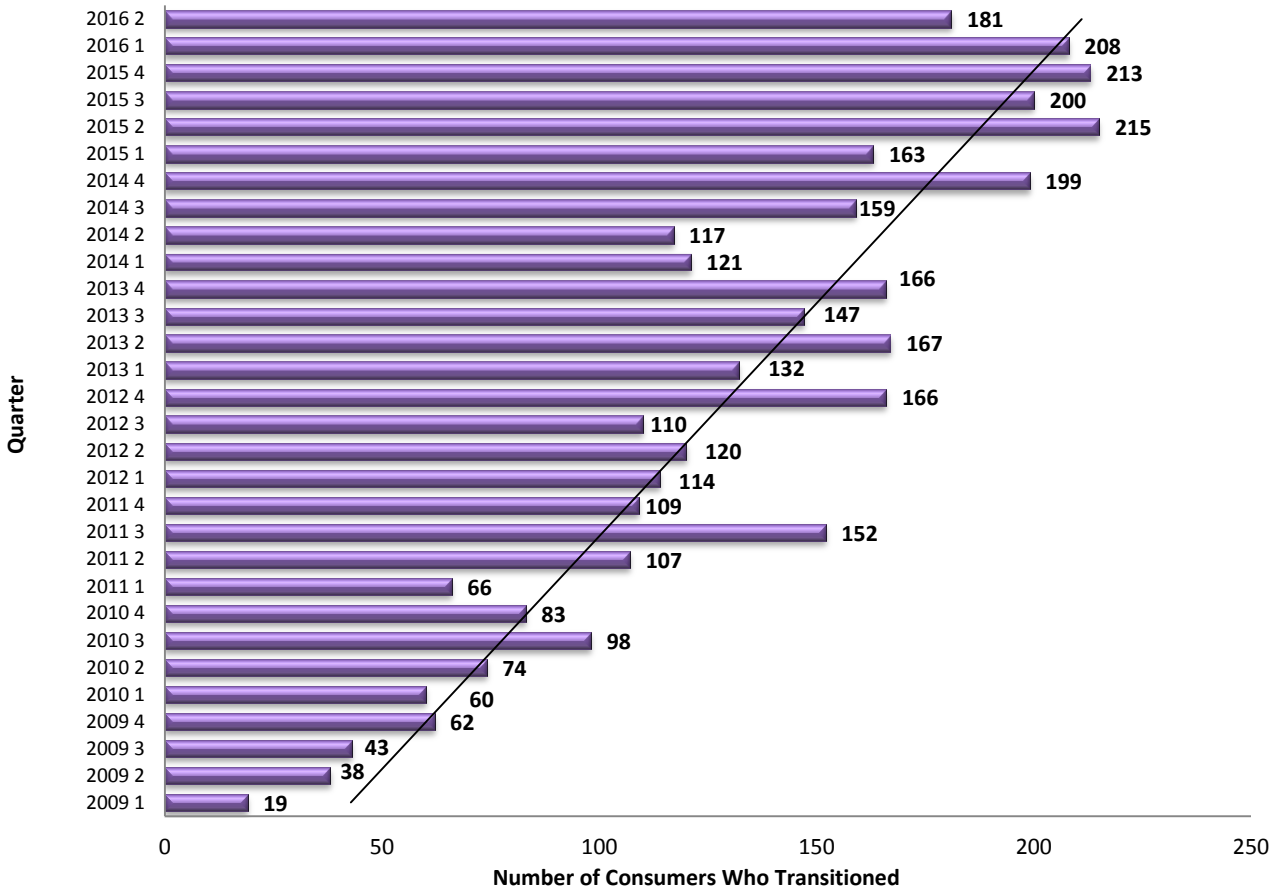


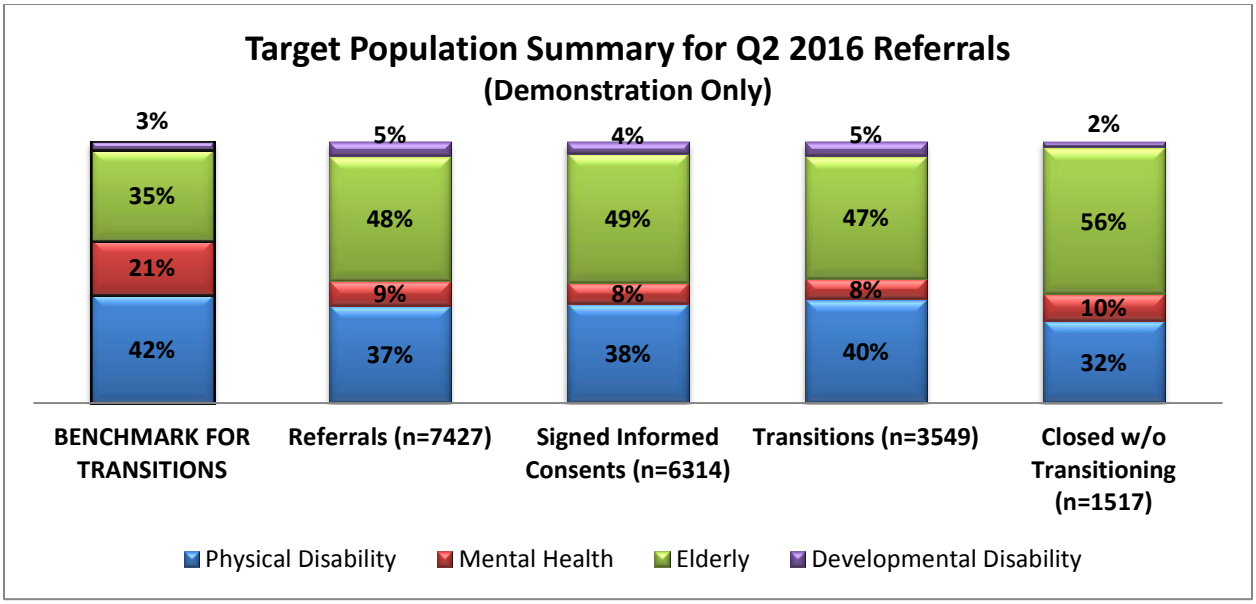
Referrals to Transition Coordinators[t]: Q1 2009 to Q2 2016

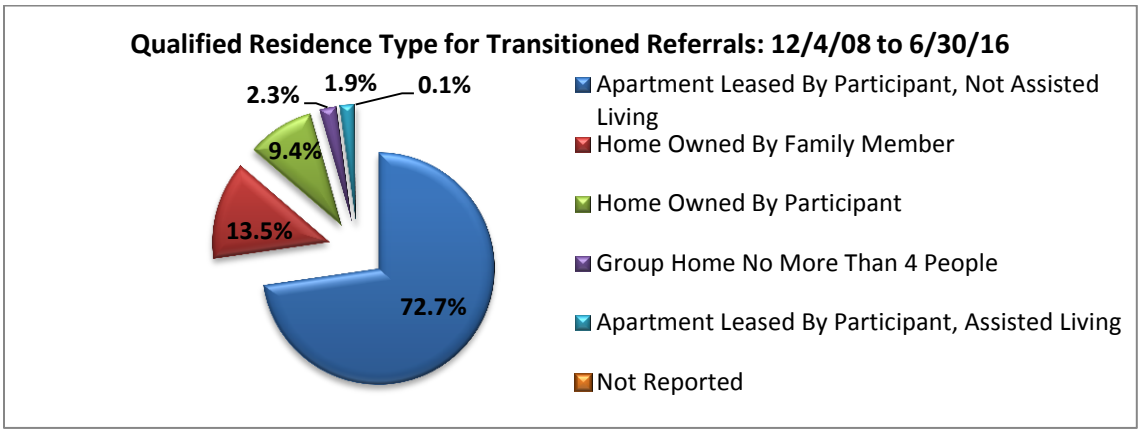


[t]Excludes nursing home closures *Increase in referrals reflects the ongoing adjustment to MFP reorganization

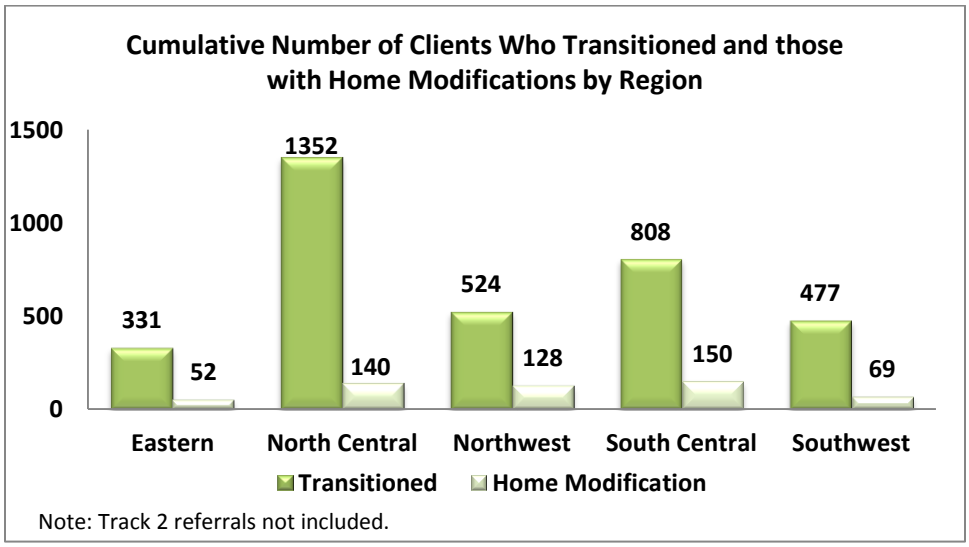
Number of Transitions by Quarter: 12/2008 - 6/30/2016



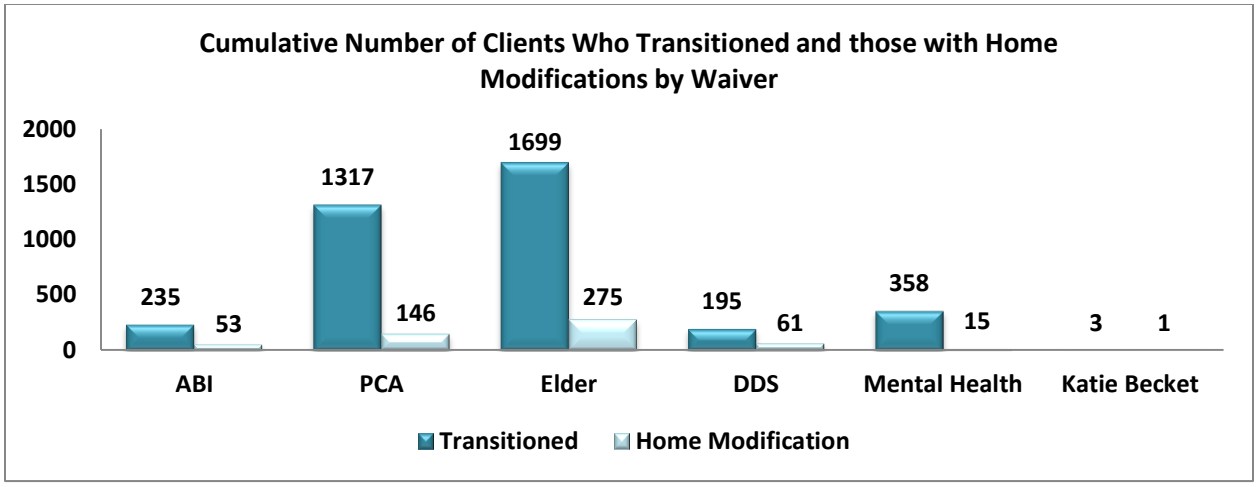


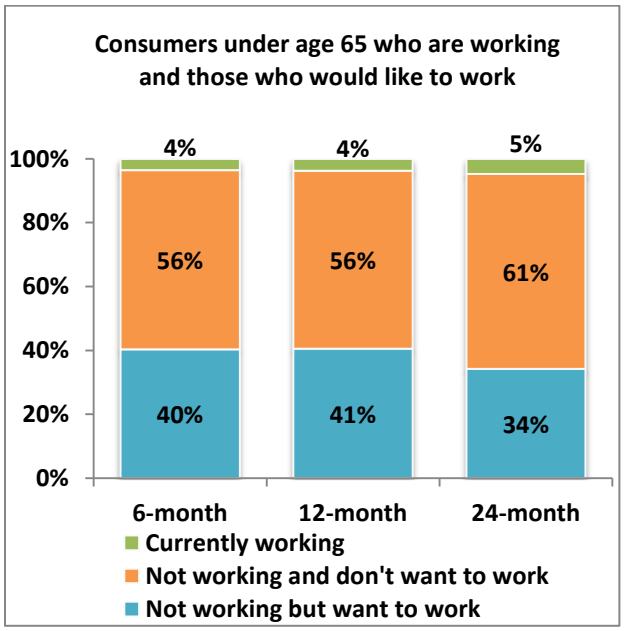


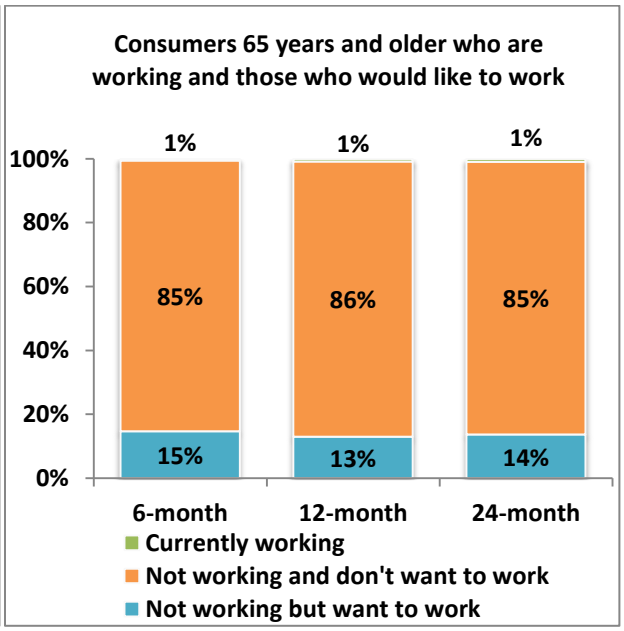
Reinstitutionalization: 13% (368) of participants who transitioned by June 30, 2015 were in an institution 12 months after their transition.

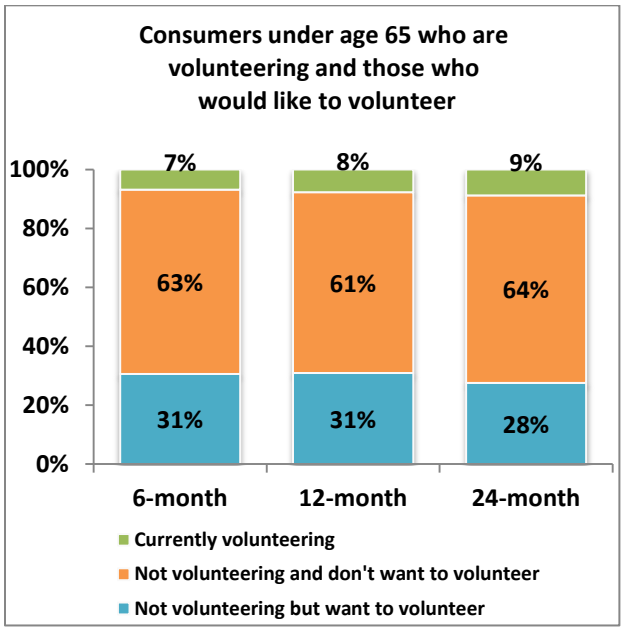


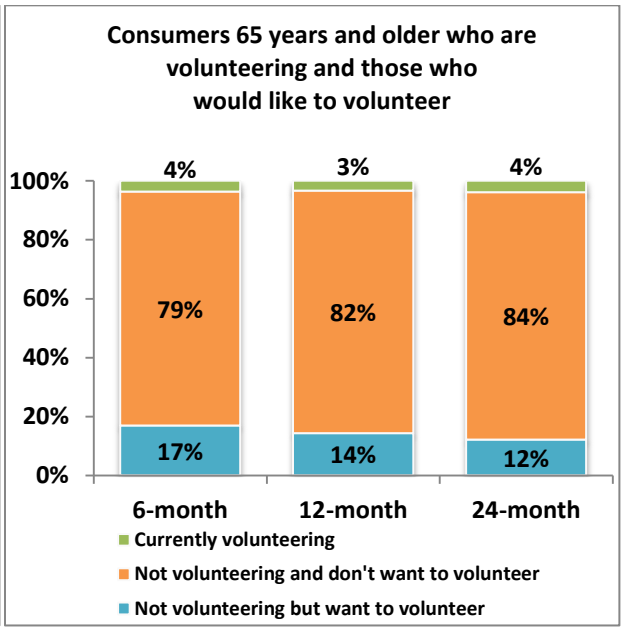
Note: Track 2 referrals not included.


Cumulative Number of Clients Who Transitioned and those with Home Modifications by Waiver
2000
1500
1000
500
0
235
53
1317
146
1699
275
195
61
358
15
3
1
ABI
PCA
Elder
DDS
Mental Health
Katie Becket
Transitioned
Home Modification

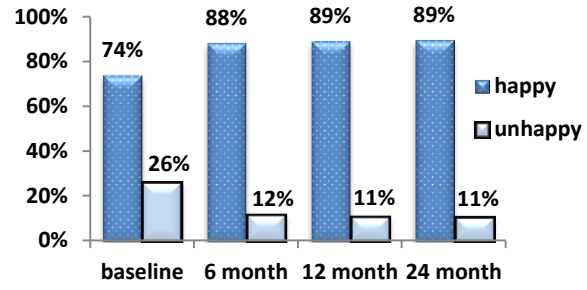

Consumers under age 65 who are working and those who would like to work
100%
80%
60%
40%
20%
0%
4%
4%
5%
56%
56%
61%
40%
41%
34%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

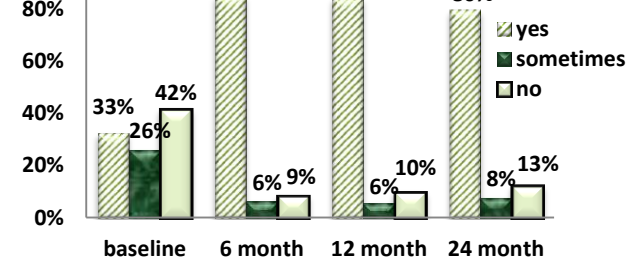

Consumers 65 years and older who are working and those who would like to work
100%
80%
60%
40%
20%
0%
1%
1%
1%
85%
86%
85%
15%
13%
14%
6-month
12-month
24-month
Currently working
Not working and don't want to work
Not working but want to work

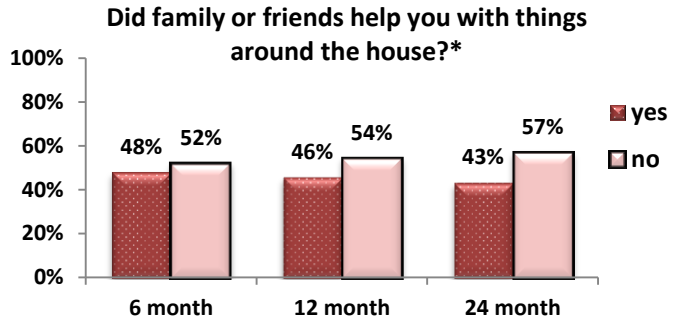

Consumers under age 65 who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
7%
8%
9%
63%
61%
64%
31%
31%
28%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

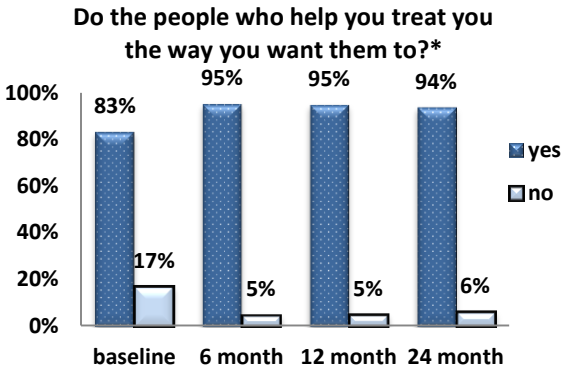

Consumers 65 years and older who are volunteering and those who would like to volunteer
100%
80%
60%
40%
20%
0%
4%
3%
4%
79%
82%
84%
17%
14%
12%
6-month
12-month
24-month
Currently volunteering
Not volunteering and don't want to volunteer
Not volunteering but want to volunteer

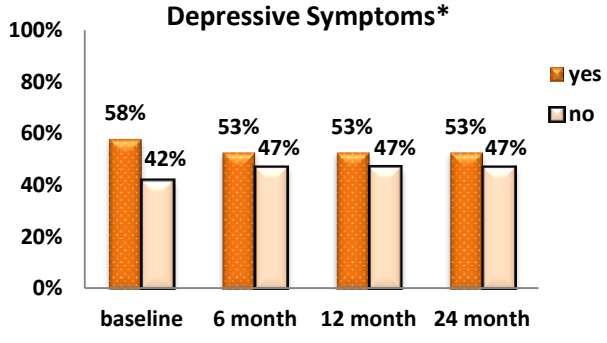
MFP Quality of Life Dashboard As of 06/30/2016

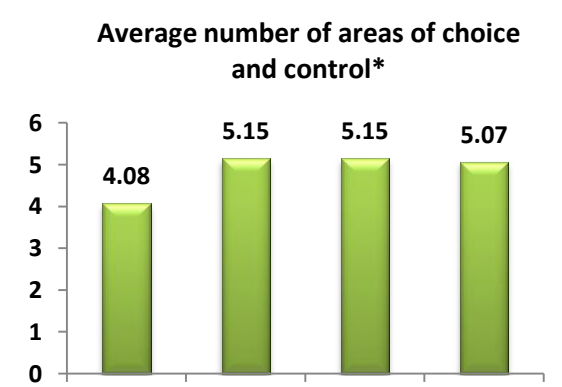


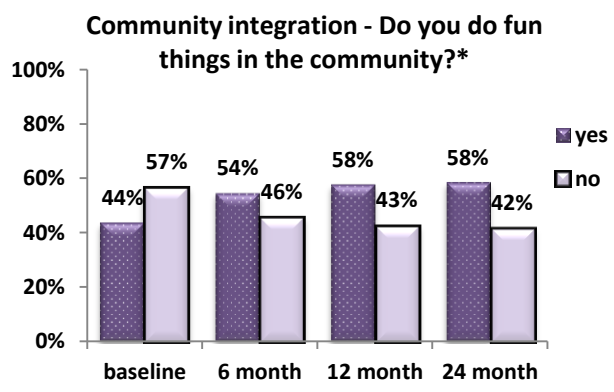












*indicates statistically significant differences

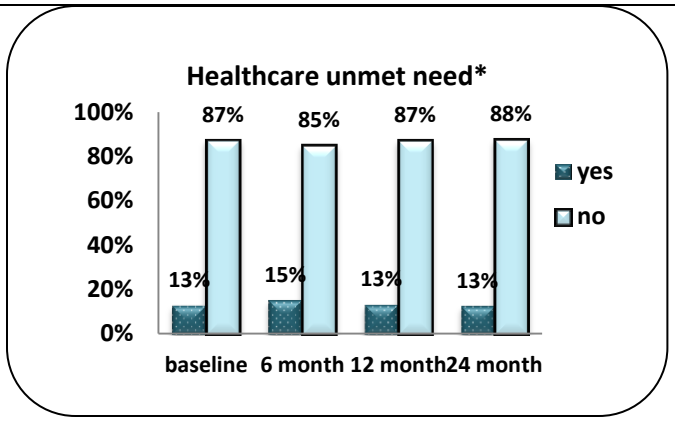
Quality of Life Interviews Completed
(Cumulative data through 06/30/16)

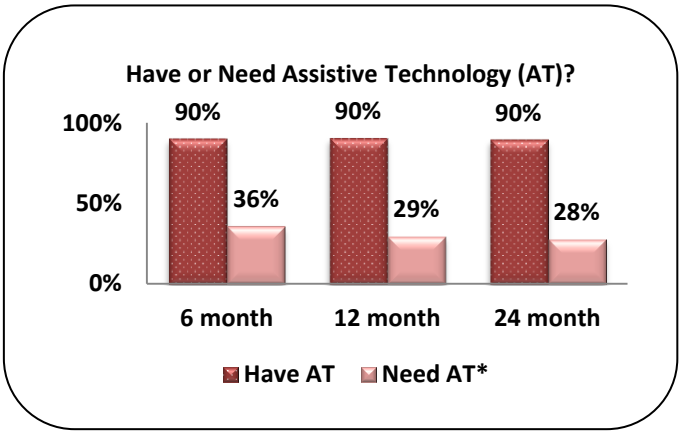
Baseline interviews done prior to transition, n=3,898

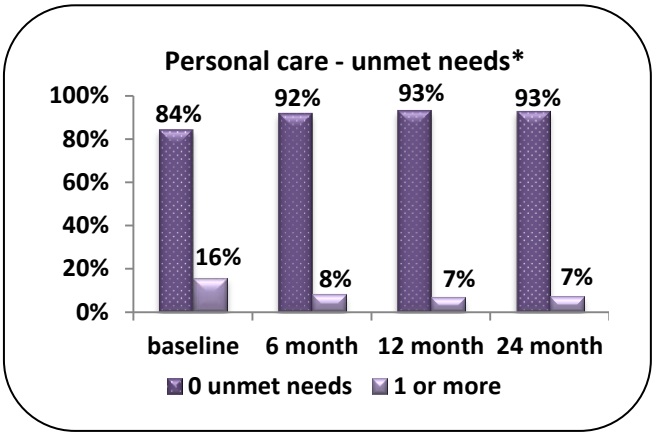
6 month interviews done 6 mos after transition, n=2,874

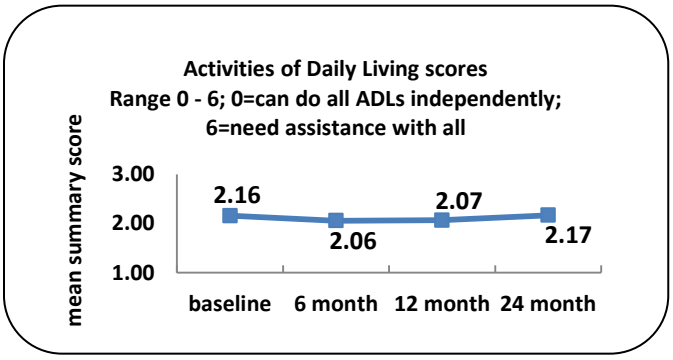
12 month interviews done 12 mos after transition, n=2,458

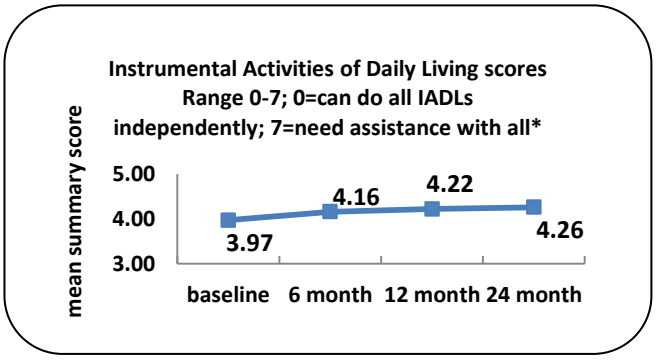
24 month interviews done 24 mos after transition, n=1,644

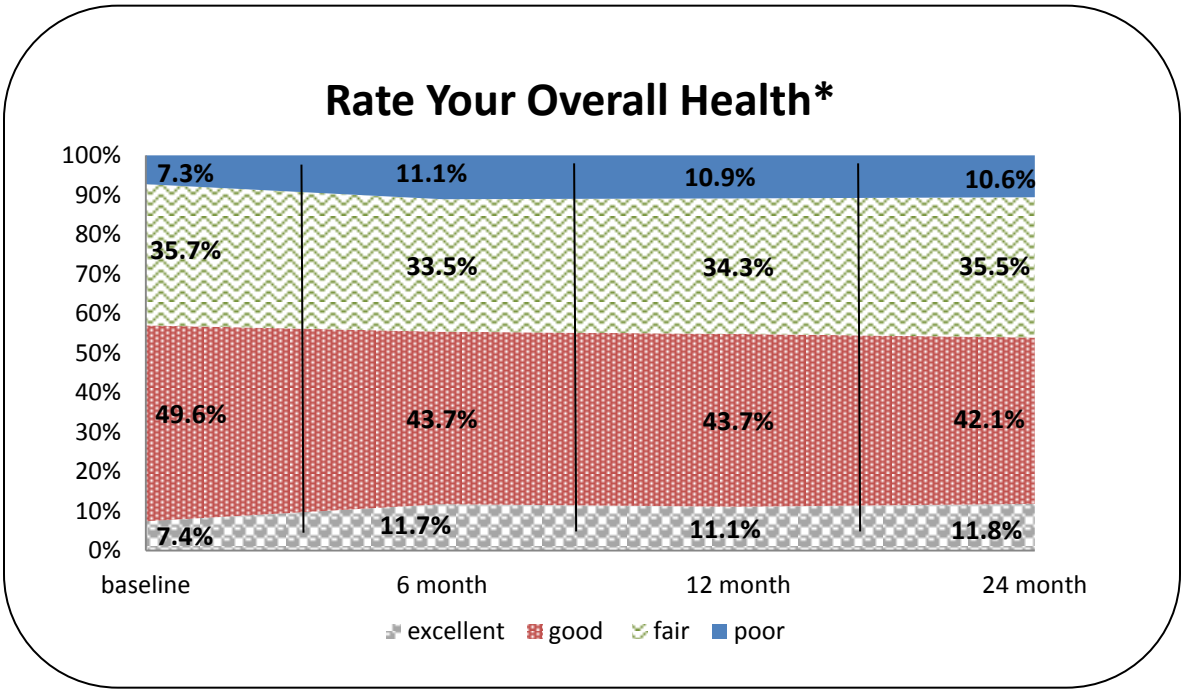


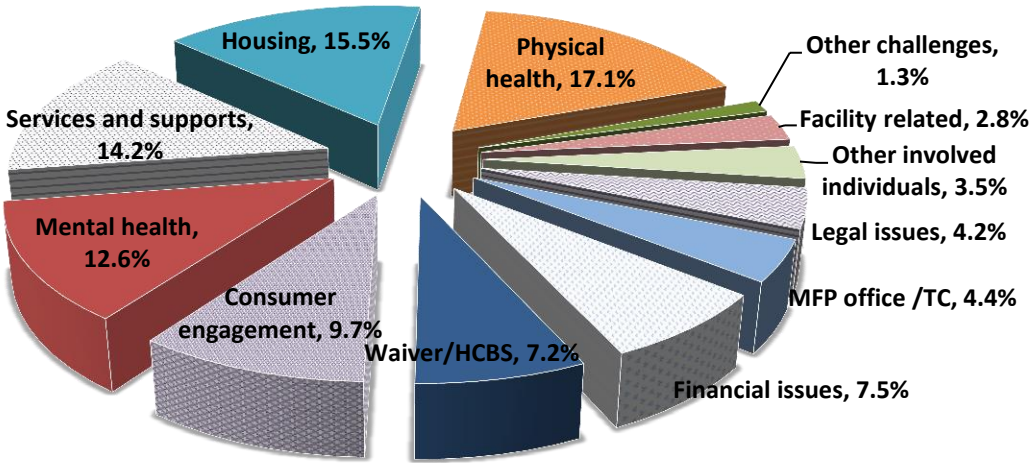












Transition Challenges through 06/30/16

Transition coordinators (TCs) and specialized care managers (SCMs) complete a standardized challenges checklist for each consumer. There were a total of 10,864 MFP referrals to SCM Supervisors. Challenges checklists were completed for 7,393 of these referrals, representing 6,842 consumers. Excluding the referrals which indicated "no challenges," the challenges checklist generated 43,964 separate challenges. Of these, the most frequently chosen challenge was physical health (17.1%), followed by challenges related to housing (15.5%), services and supports (14.2%), mental health (12.6%), and consumer engagement (9.7%).

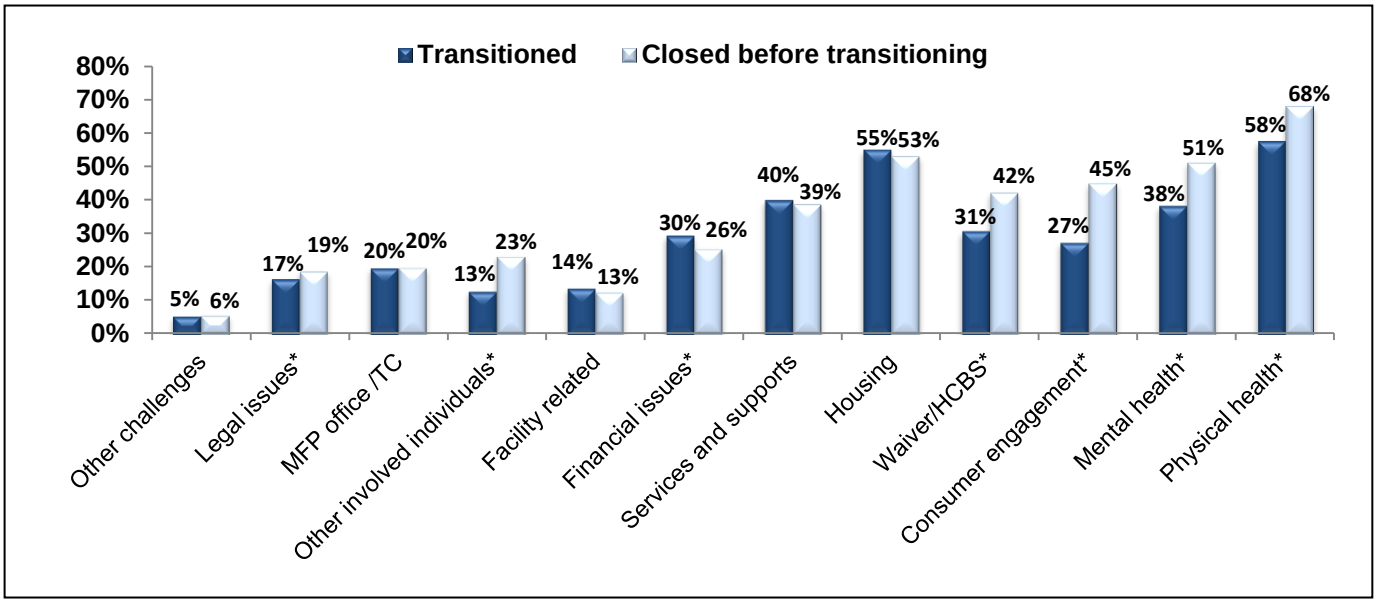
Type of challenge by transition status

The figure below shows the percentage of each group (those who transitioned and those who closed before transitioning) which had each challenge. For example, of the referrals that closed without transitioning, 68 percent had a physical health challenge. Conversely, 58 percent of referrals that did transition had physical health challenges.

Seven of the twelve challenge categories had statistically significant differences between the two groups.

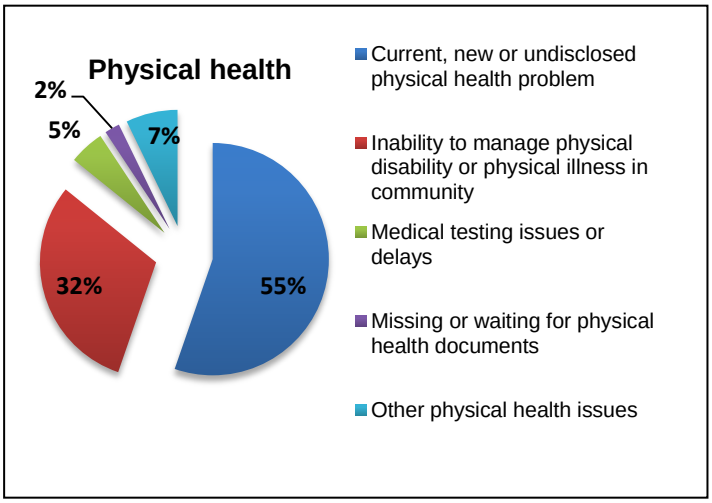
Be sure to check the LINK to the full Transition Challenges report.

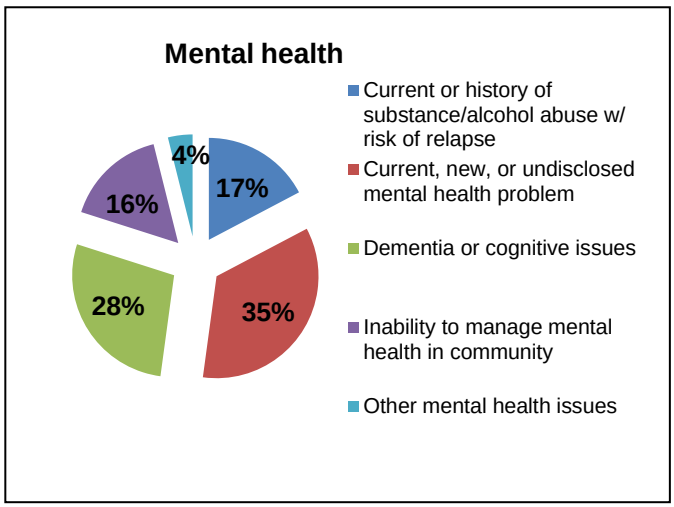
http://uconn-aging.uchc.edu/money_follows_the_person_demonstation_evaluation_reports.html

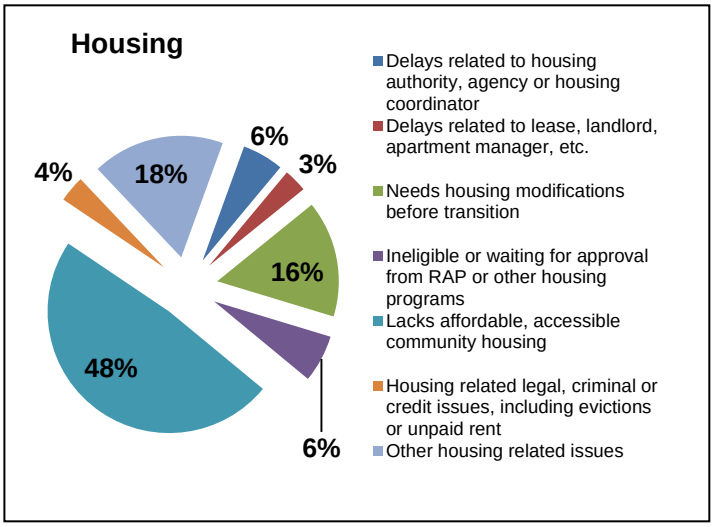


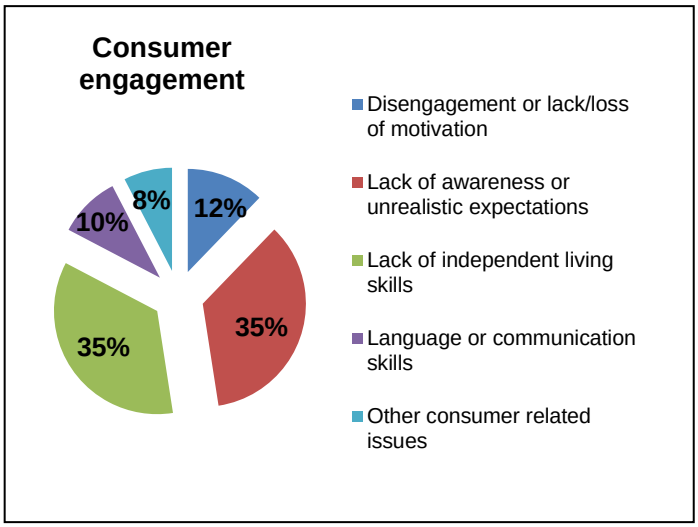
Types of Challenges – through 06/30/2016

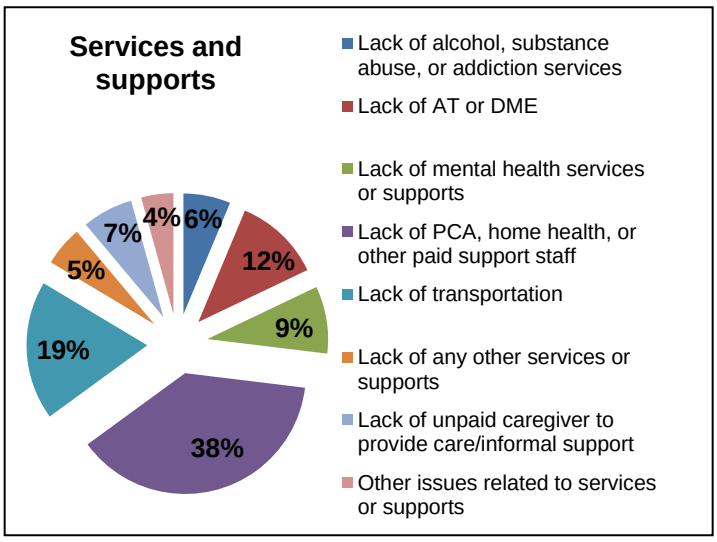
Shown below are the six most common challenge types

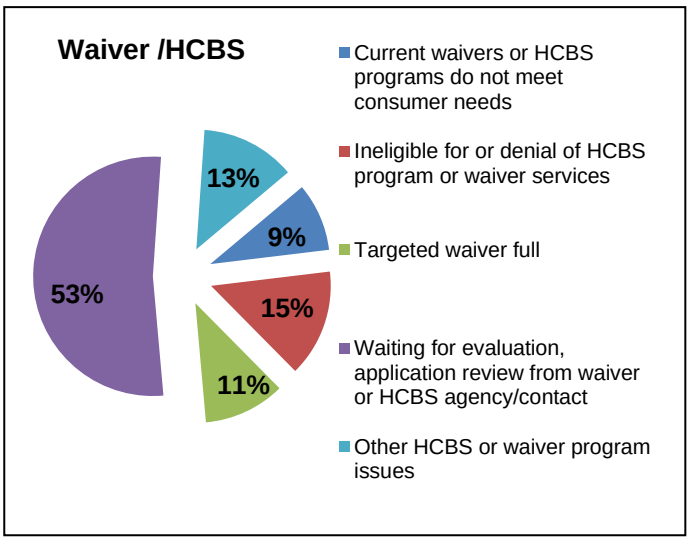






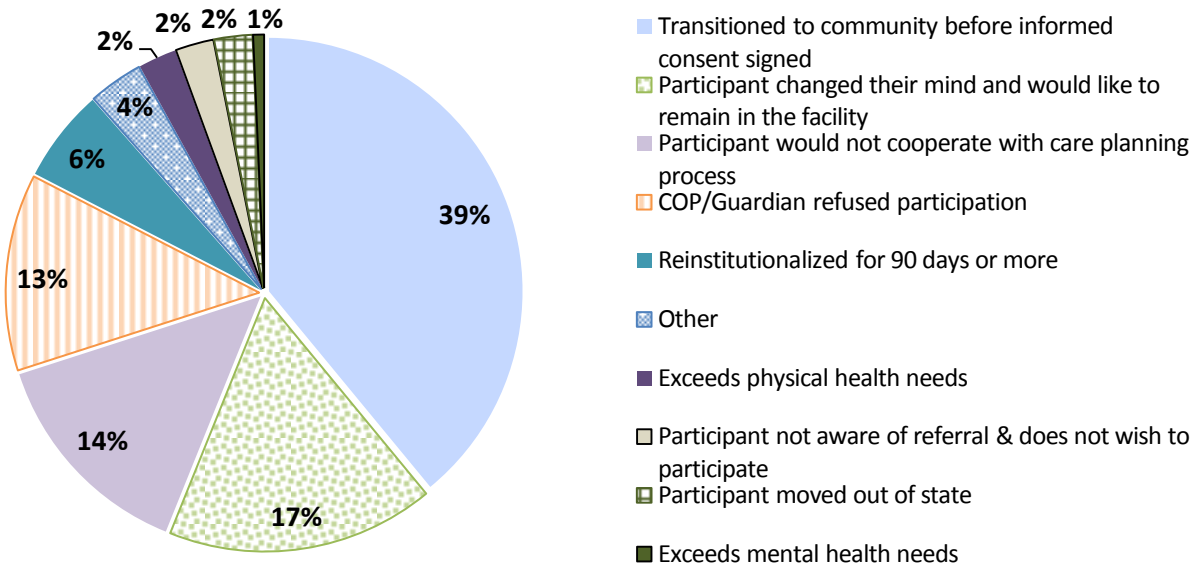




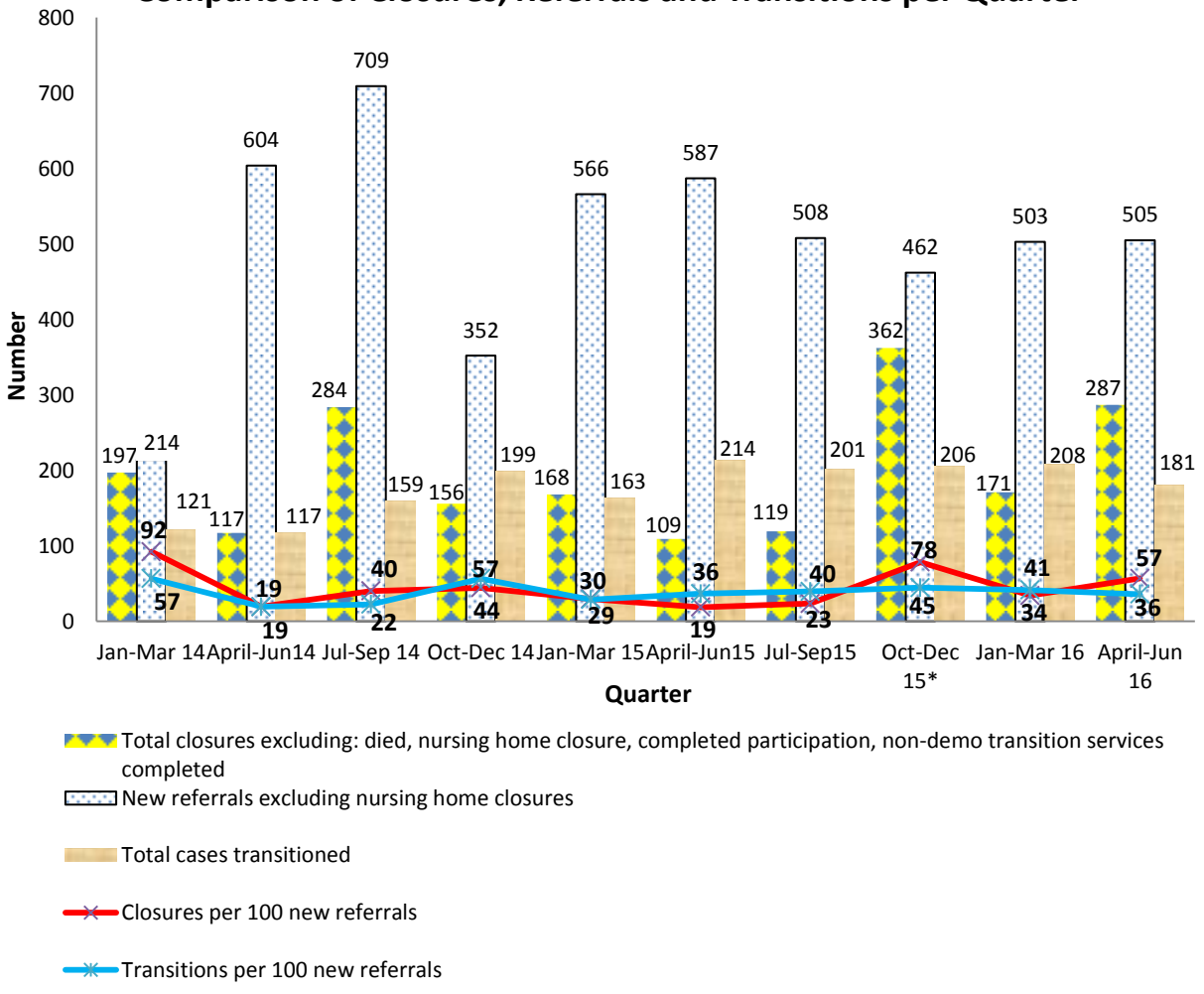


For the full report on transition challenges through 06/30/2016, use the link on page 7 to get to the Center on Aging website.

Percentage of Closed Cases by Closure Reason: April - June 2016



Comparison of Closures, Referrals and Transitions per Quarter



* Note: Total closures this quarter were higher due to clearing the backlog at Central Office.

Meet Melanie Korotash

"It takes a village"

Melanie Korotash began a long, hard journey in 2004 when she was diagnosed with stage four vulvar cancer. Due to issues with her lymphatic system, her right leg was amputated in 2007. Then in 2013, her left leg was amputated. After nearly two and a half years of living in nursing facilities, she began to wonder, "Am I ever going to get out—this is not the way I intend on spending the rest of my life." Then, Melanie heard of the MFP program. She learned that it is a way "to get people who were ready, willing and able to leave an institution and go back into the community. And I said, 'Oh yeah!'"

Melanie admits the transition process was rocky at first due to her own physical issues and MFP complications. She became her own advocate and was assigned a wonderful housing and transition coordinator. Melanie says, "[MFP staff] worked hard. And they showed me a lot of places, so I am very grateful to have this. But, it takes dedication on their part—and a good support team. It really did take a village to get me here."

Melanie explains her housing coordinator took her to a lot of homes and started to learn her preferences. They found an accessible apartment and her housing coordinator worked to secure it for her. Her transition coordinator worked with her in many ways and helped to set up the apartment, purchasing furniture, groceries and other household items. Melanie explains, "I am just a cog in the wheel and if all of the cogs aren't working, the wheel is not going to turn. So I owe them a lot."

Melanie explains, "[without MFP] God knows what I would be doing now. I would not be flourishing. People don't appreciate what they have until they are taken out of society. And then it is a pretty nice life when you are out [in the community]."

Melanie describes her greatest success in the community as, "living life as normally as I can with a disability." Living in her one-bedroom apartment, Melanie has the luxury of personal choice and control. "This provides me with a home. I can cook when I want, I can go bed when I want—without [a] roommate having to have the light on all the time. It really is just living life as closely as you can before [becoming] handicapped," she says. She is now able to choose what she does out in her community. To her, "that means going shopping, that means going out to dinner, that means going to plays, concerts. It's getting back into life."

Photo credit: Kaleigh Ligus

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act (DRA) of 2005 (P.L. 109-171), supports States' efforts to "rebalance" their long-term support systems. The DRA reflects a growing consensus that long-term supports must be transformed from being institutionally-based and provider-driven to person-centered and consumer-controlled. The MFP Rebalancing Demonstration is a part of a comprehensive coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems.

One of the major objectives of the Money Follows the Person Rebalancing Demonstration is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports grantee States to do this by offering an enhanced Federal Medical Assistance Percentage (FMAP) on demonstration services for individuals who have transitioned from qualified institutions to qualified residences. In addition to this enhanced match, MFP also offers states the flexibility to provide Supplemental Services that would not ordinarily be covered by the Medicaid program (e.g. home computers, cooking lessons, peer-to-peer mentoring, transportation, additional transition services, etc.) that will assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term care services for older adults and people with disabilities to a community-based orientation.